

# RECEIVED

DEC 08 2023

## STATE OF SOUTH DAKOTA Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER <b>The Brookings Register</b>		2. DATE <b>9-29-23</b>
3. FREQUENCY OF ISSUE <b>Daily</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>247</b>	3B. ANNUAL SUBSCRIPTION PRICE \$ <b>210</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>312 5th St PO Box 177, Brookings, SD 57006</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>312 5th St PO Box 177, Brookings, SD 57006</b>		
6. FULL NAME OF PUBLISHER: <b>Tracy Jonas</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>FULL NAME</p> <p><b>News Media Corporation</b></p> </div> <div style="width: 45%;"> <p>COMPLETE MAILING ADDRESS</p> <p><b>211 Highway 38 E Rochelle IL 61068</b></p> </div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <b>American Bank and Trust, 1820 Dakota Ave S, Huron SD 57350</b>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	3794	3788
B. PAID AND/OR REQUESTED CIRCULATION	977	1068
1. Sales through dealers and carriers, street vendors, and counter sales.	1857	1783
2. Mail Subscription (Paid and or requested)	727	710
3. Paid Electronic Copies	3561	2851
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	31	25
D. FREE DISTRIBUTION	202	202
1. BY MAIL, CARRIER OR OTHER MEANS	3067	3078
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	108	108
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	3794	3788

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

*KMB*  
(Signature)

*Business Manager*  
(Title)

State of South Dakota )  
County of AARON JORENBY  
NOTARY PUBLIC  
SOUTH DAKOTA

Sworn to before me this 29 day of September, 2023

Notary Public

My commission expires: 2-22-26